

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/589207

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5	1		1			
6	1		1			
7	1		1			
8	①		1			
9	②		1			
10	④		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1					
19	1					
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22	1		1			
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26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
32	1		1			
33	1		1			
34	2		1			
35	2		1			
36	1		1			
37	1		1			
38	①		1			
39	②		1			
40	⑥					
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	4		1			
46	1		1			
47	①					
48	1		1			
49	1		1			
50						
TOTAL IND.	22	↓	6	↓		↓
TOTAL DEP.	33	←	40	←		←
TOTAL CLAIMS	55		46			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					←	←